*Division of Public Health Services*
*Office of the Assistant Director*
*Public Health Preparedness Services*
*Bureau of Emergency Medical Services and Trauma System*

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JANICE BREWER, GOVERNOR
WILLIAM HUMBLE, INTERIM DIRECTOR

# PROTOCOLS, MEDICATIONS, AND DEVICES COMMITTEE AGENDA

**DATE: FEBRUARY 05, 2009**
**TIME: 2:00 p.m.** .
**LOCATION: 150 N 18th Avenue, 5th Floor, Conference Room 540-A**
**CALL-IN INFORMATION: 1-866-751-5726**
**Code: *6684686* (please include the asterisk before and after code)**

## I. CALL TO ORDER

## II. DISCUSS/AMEND and ACTION ON THE MINUTES OF November 13, 2008

## III. REPORTS

a. Chairman's Report
b. Bureau Chief's Report

## IV. DISCUSSION AND ACTION ITEMS

a. Discuss and approve Chitosan formulated dressings (currently branded HemCon and ChitoFlex Dressing)
b. Discuss and revise the drug profile for Atropine to meet current AHA 2005 ECC guidelines
c. Review and Approve BEMSTS Triage, Treatment and Transport Guidelines Booklet
d. Discuss use of an LMA by ALS providers

## V. CALL TO THE PUBLIC

A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action.
A.R.S. § 38-431.01(G)

*Persons with disabilities may request reasonable accommodations such as a sign language interpreter, by contacting Angie Cauthon, Administrative Assistant II, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations.*

**VI. MEMBERS' EDUCATIONAL and INFORMATIONAL ANNOUNCEMENTS**

**VII. ANNOUNCEMENT OF NEXT MEETING – MAY 14, 2009**

**VIII. ADJOURNMENT**

*Persons with disabilities may request reasonable accommodations such as a sign language interpreter, by contacting Angie Cauthon, Administrative Assistant II, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations.*

# Minutes
# PROTOCOLS, MEDICATIONS AND DEVICES COMMITTEE

Date: November 13, 2008
150 North 18th Avenue, Suite 540-A
Phoenix, Arizona

**MEMBERS PRESENT:**
John Gallagher, Chair
Janine Anderson
Terence Mason
Bruce Toliver

**MEMBERS ABSENT:**
Charles Finch
Sue Kern
Marc Holyfield
Terry Shine

**TELECONFERENCE:**
Patricia Ellis
Steven Curry
Rob Jarvis

**ADHS STAFF:**
Bentley Bobrow
Terry Mullins
Ed Armijo

## I. CALL TO ORDER

John Gallagher, Chair called the meeting to order at 1:05 p.m.

## II. APPROVE MINUTES FOR May 15, 2008

Terence Mason motioned to approve minutes of May 15, 2008 PMD Meeting, seconded by Janine Anderson. The motion passed.

## III. REPORTS

a) **Chairman's Report**
John Gallagher, Chair Person had nothing to report

b) **Bureau Chief's Report**
Terry Mullins, Bureau Chief had nothing to report

## IV. DISCUSSION AND ACTION ITEMS

a) Review and Approve 2009 Meeting Schedule
Patricia Ellis makes motion to approve schedule and Janine Anderson seconded. The motion passed.

* Lost Quorum due to Steven Curry of Banner Health putting phone on hold. The quorum was regained after contacting member Rob Jarvis in place of lost caller. Meeting reconvened at 1:22 p.m.

b) Review and Approve Revised Amiodarone Drug Profile
Terence Mason motioned to approve with changes (see below), seconded by Janine Anderson. The motion passed.

- **Page 1 last line**: sodium bicarbonate**, ~~or~~** furosemide and heparin
- **Page 2**: remove trailing zero in two instances (0.5**~~0~~** mg/min)

c) Review and Approve BEMSTS Triage, Treatment and Transport Guidelines Booklet
A motion to approve was made by Patricia Ellis, seconded Rob Jarvis. John Gallagher began to discuss needed changes when quorum was lost. When quorum was regained, Terry Mullins suggested that if there were many changes needed, it might be more effective to table the item, collect changes and re-submit at the next meeting. Dr. Gallagher queried the group for a friendly amendment to the original motion. Patricia Ellis motioned to table the item, seconded by Rob Jarvis. The motion passed. Dr. Gallagher and Janine Anderson will coordinate with Joel Bunis to make the changes.

d) Discuss use of an LMA by ALS providers
John Gallagher asked if the LMA is approved for use by paramedics, Terry Mullins said that the LMA is approved and can be used by paramedics. John Gallagher mentioned that recent reduction in the cost of the LMA makes it a more attractive alternative than the combitube for EMT use. There was discussion about the implications of allowing this variance to the EMT scope of practice. John would like to revisit this topic during the next PMD meeting.

II. **CALL TO PUBLIC**
No response from the public body

III. **MEMBERS EDUCATIONAL AND INFORMATIONAL ANNOUNCEMENTS**
No response

IV. **NEXT MEETING FEBRUARY 05, 2009**

V. **ADJOURNMENT**
Janine Anderson motioned to adjourn, seconded by Terence Mason. The motion passed.

Minutes prepared by; Angie Cauthon

**GENERIC NAME:** **ATROPINE SULFATE**
112.04

~~**BRAND NAME:** Atropine~~
**CLASS:** parasympatholytic, antimuscarinic, anticholinergic, parasympathetic antagonist, parasympathetic blocker

## Mechanism of Action:

**Pharmacological:** Competitive antagonist of acetylcholine at muscarinic receptor sites (smooth muscle and glands, blocking parasympathetic response and allowing sympathetic response to take over).

**Clinical:**

- **CV:** Increased heart rate (positive chronotropic effect); increased conduction velocity; increased force of contraction (slight).
- **Resp:** Decreased mucous production; increased bronchial smooth muscle relaxation (bronchodilation).
- **GI:** Decreased GI secretion and motility.
- **GU:** Decreased urinary bladder tone.
- **Misc:** Mydriasis (pupillary dilation); decreased sweat production.

## Indications and Field Use:

Symptomatic bradycardia (sinus, junctional, and AV blocks causing significant hypotension, ventricular ectopy, chest pain, altered level of consciousness, etc.), monitored patient only.
Asystole (after epinephrine), monitored patient only.
PEA with actual or relative bradycardia (after epinephrine), monitored patient only.
Acetylcholinesterase inhibitor poisoning (organophosphate, cholinergic poisoning).
~~Bronchospasm, refractory (second or third line), in conjunction with albuterol or isoetherine.~~

## Contraindications:

Glaucoma, acute narrow angle (relative contraindication for patient with symptomatic bradycardia)

## Adverse Reactions:

- **Major:** Tachydysrhythmias; ventricular irritability; exacerbation/initiation of angina; acute narrow angle glaucoma; agitation to delirium.
- **Minor:** Dry mouth/mucous membranes; urinary retention; decreased sweating/increased body temperature.

## NOTES ON ADMINISTRATION

**Incompatibilities/Drug Interactions:**

Sodium bicarbonate (relative)

**Adult Dosage:**

**Symptomatic Bradycardia**: 0.5~~-1.0~~ mg rapid IV push or via ET every 3-5 minutes to a total dose of 3 mg if symptoms profound ~~(0.03-0.04 mg/kg).~~
**Asystole or PEA with bradycardia**: 1.0 mg rapid IV push or via ET every 3-5 minutes to a total dose of 3 mg.
**Cholinergic or organophosphate poisoning**: 2.0-5.0 mg IV, may repeat in 5 minutes. Max dose is unlimited.
~~**Bronchospasm**: 1.0 mg SVN prepared by using 2.5 ml of 0.4 mg/ml solution out of 8 mg/20 ml vial (may add 0.5 ml NS to make 3 ml inhalation treatment, 2.5 ml is adequate) administered with a mouth piece, $O_2$ mask, or in-line with a ventilatory device; may repeat in 30 minutes or according to medical control preference.~~

**Pediatric Dosage:**

**Symptomatic Bradycardia only (suspected primary bradycardia or increased vagal tone):** 0.02 mg/kg (minimum of 0.1 mg) IV push (after epinephrine). May repeat only one time.
Maximum single doses: Child 0.5 mg; Adolescent 1 mg.
~~**Bronchospasm:** 0.5 mg SVN prepared by using 1.25 ml of 0.4 mg/ml solution out of 8 mg/20 ml vial, may add 1.25-1.75 ml NS to make 2.5-3 ml inhalation treatment (2.5 ml is adequate). Administer with a mouth piece, $O_2$ mask or in-line with a ventilatory device. May repeat in 30 minutes or according to medical control preference.~~

**Routes of Administration:**

IV, ET~~, SVN~~

**Onset of Action:**

1 minute

**Peak Effects:**

2-5 minutes

**Duration of Action:**

2 hours

**Dosage Forms/Packaging:**

1 mg/10 ml Prefilled syringes and 8 mg/20 ml multi-dose vial

**Arizona Drug Box Minimum Supply ~~Range~~:**

PARAMEDIC and ~~QUALIFIED~~ IEMT99: ~~3 –~~ 4 (1 mg/10 ml) prefilled syringes,
1 ~~– 2~~ (8 mg/20 ml, 0.4 mg/ml) multidose vial

~~INTERMEDIATE: 1 - 2 (8 mg/20 ml, 0.4 mg/ml) multidose vial~~

**Special Notes:**

> Administering too small doses or administering too slowly may result in paradoxical bardycardia.
> Signs and symptoms of cholinergic/organophosphate poisoning: excess salivation, lacrimation, urination, defecation (SLUD), bardycardia; coma.
> Signs and symptoms of poisoning/overdose of atropine-like drugs: dry mouth; thirst; hot, dry, flushed skin; fever; palpitations, restlessness; excitement; delirium.
> Hint: patient that describes their glaucoma as painful, probably has acute narrow angle glaucoma.
> Atropine should only be utilized when pacer is not immediately available for Second Degree Type II and Third Degree Heart Blocks.

R9-25-213 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-212. Repealed**

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-213. Renumbered**

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section renumbered to R9-25-211 by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

## ARTICLE 3. TRAINING PROGRAMS

*Article 3 repealed; new Article 3 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

**R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

**A.** In this Article:
1. "Arizona EMT-Intermediate transition course" means the instruction prescribed in Exhibit B to this Article provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C);
2. "Course" means the:
   a. Arizona EMT-B course, defined in R9-25-305;
   b. Arizona EMT-B refresher, defined in R9-25-306;
   c. Arizona EMT-I course, defined in R9-25-307;
   d. Arizona EMT-P course, defined in R9-25-308;
   e. Arizona ALS refresher, defined in R9-25-309;
   f. Arizona EMT-Intermediate transition course, defined in subsection(A)(1); or
   g. Arizona EMT-I(99)-to-EMT-P transition course, defined in R9-25-318;
3. "NREMT-Intermediate practical examination" means the NREMT-Intermediate practical examination required for NREMT-Intermediate registration; and
4. "Refresher challenge examination" means the:
   a. Arizona EMT-B refresher challenge examination, defined in R9-25-306; or
   b. Arizona ALS refresher challenge examination, defined in R9-25-309.

**B.** A person shall not provide or offer to provide a course or refresher challenge examination without training program certification from the Department.

**C.** The Department shall not certify a training program, if:
1. Within five years before the date of filing an application required in R9-25-302, the Department has decertified a training program operated by the applicant; or
2. The applicant knowingly provides false information on or with an application required by this Article.

**D.** The Department shall certify a training program, if the applicant:
1. Is not ineligible for certification pursuant to subsection (C); and
2. Meets the application requirements in R9-25-302.

**E.** A training program certificate is valid only for the name, address, and courses listed by the Department on the certificate.

**F.** A training program certificate holder shall:
1. Maintain with an insurance company authorized to transact business in this state:
   a. A minimum single claim professional liability insurance coverage of $500,000; and
   b. A minimum single claim general liability insurance coverage of $500,000 for the operation of the training program; or
2. Be self-insured for the amounts in subsection (F)(1).

**G.** A training program certificate holder shall:
1. Conspicuously post the original or a copy of the training program certificate in the training program administrative office;
2. Return the training program certificate to the Department upon decertification by the Department pursuant to R9-25-317 or upon voluntarily ceasing to act as a training program; and
3. Not transfer the training program certificate to another person.

**H.** Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, a training program to determine ongoing compliance with the requirements of this Article.

**I.** The Department may inspect, pursuant to A.R.S. § 41-1009, a training program:
1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
2. As necessary to determine compliance with the requirements of this Article.

**J.** The Department shall approve or deny an application under this Article pursuant to Article 12 of this Chapter.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

**R9-25-302. Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

An applicant for training program certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
   a. The applicant's name, address, and telephone number;
   b. The name and telephone number of the applicant's chief administrative officer;
   c. The name of each course the applicant will provide;
   d. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
   e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
   f. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
2. A copy of a certificate of insurance or proof of self-insurance required in R9-25-301(F);
3. For each training program medical director, documentation that the individual is qualified under R9-25-310;
4. For each training program director, documentation that the individual is qualified under R9-25-311;
5. For each lead instructor, documentation that the individual is qualified under R9-25-312;
6. If required under R9-25-304(B), a copy of each executed agreement, including all attachments and exhibits, for clinical training and field training;

effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

**Exhibit B. Arizona EMT-Intermediate Transition Course**

Admission Requirements:
1. Current and valid certification in Arizona as an EMT-I(85), and
2. Evidence of proficiency in cardiopulmonary resuscitation.

Course Hours:
The minimum course length is 80 contact hours. In addition, sufficient time shall be provided to administer the final written examination and the final practical examination.

Equipment and Facilities:
Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session. Facility recommendations identified for the Arizona EMT-P course are requirements for the Arizona EMT-Intermediate Transition Course.

Examinations:
1. A final written course examination is required and shall:
   a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
   b. Cover the learning objectives of the course with representation from each of the course modules; and
   c. Require a passing score of 75% or better in no more than three attempts.
2. A final comprehensive practical skills examination is required and shall enable a student to meet NREMT-Intermediate/99 registration or reregistration requirements.

Competencies:
1. Describe the scope of the duties of the advanced emergency medical technician (Intermediate and Paramedic).
2. Identify signs and symptoms of patients with a communicable disease and list the appropriate body substance isolation procedures.
3. Identify the initial, focused, and continuing processes of assessment, medical history, vital signs, communications, and documentation.
4. Apply the procedures of identifying and treating hypoperfusion states including intravenous (IV) and intraosseous (IO) fluid therapy.
5. Describe the actions, indications, contraindications, precautions, side effects, and dosages of the agents included in Table 1 in R9-25-503.
6. Given a patient scenario, identify and treat emergencies and relate proposed field interventions for each of the body systems.
7. Given a patient scenario, identify and relate proposed field interventions for patient with obstetrical emergencies.
8. Given a patient scenario, identify and relate proposed field interventions for patient with neonatal and pediatric emergencies.
9. Given a patient scenario, identify and relate proposed field interventions for patient with behavioral emergencies, preserving personal safety and well being.
10. Demonstrate trauma victim assessment, airway management, control of hemorrhage and hypoperfusion states.
11. Demonstrate 80 percent proficiency on a written examination and 80 percent accuracy of practical skills in selected EMS scenarios.

Course Outline:
I. Advanced Emergency Medical Technician
   A. Roles and responsibilities
   B. Rules, regulations, and EMS systems
II. Human Systems and Patient Assessment
   A. Scene management and body substance isolation
   B. Human systems in health and disease
   C. Initial, focused, and ongoing processes of assessment
      1. Vital signs
      2. History taking, interviewing, and communications
      3. Terminology
   D. Documentation
III. Hypoperfusion States
   A. Shock/Disorders of hydration
   B. Devices and techniques
   C. Trauma
   D. Thermal injuries
   E. Communications and documentation
IV. Pharmacology
   A. Basic and advanced pharmacokinetics
   B. Updated agent information
   C. Action of agents
   D. Techniques of administration
      1. Oral
      2. Rectal
      3. Parenteral
      4. Intraosseous
      5. Intralingual
   E. Table 1 in R9-25-503
V. Illness, Injury, and the Body's Systems
   A. Respiratory
      1. LMA
      2. Combitube
      3. Endotracheal and nasal tracheal intubation
      4. Surgical cricothyrotomy
      5. Needle thoracostomy
   B. Cardiovascular
      1. Ecg rhythm identification
      2. Pacemaker rhythm identification
      3. 12-lead ecg application and analysis
      4. Defibrillation and cardioversion procedures
   C. Central nervous system
   D. Endocrine
   E. Musculoskeletal emergencies
   F. Soft tissue emergencies
   G. Acute abdominal emergencies
   H. Genito-urinary emergencies
   I. Gynecological emergencies
   J. Anaphylactic reactions
   K. Toxicology, alcoholism, and substance abuse
   L. Poisoning and overdose
   M. Submersion incidents
   N. Emergencies in the geriatric patient
   O. Techniques of management
   P. Communications and documentation
VI. Obstetrical Emergencies
   A. Maternal assessment
   B. Delivery techniques
   C. Care of the newborn
   D. Ectopic pregnancy
   E. Infectious diseases
   F. Rape and abuse
   G. Communications and documentation
VII. Neonatal and Pediatric Emergencies
   A. Approach to the pediatric patient
   B. Related pathologies
   C. Techniques of management
   D. Communications and documentation

VIII. Behavioral Emergencies
- A. Behavioral disorders
- B. Hostile environments
- C. Therapeutic communications
- D. Restraint

IX. Trauma and Disaster
- A. START Triage
- B. Incident command
- C. Age considerations
  1. Infant
  2. Pediatric
  3. Adult
  4. Geriatric

X. Evaluation
- A. Written
- B. Skills

**Historical Note**
New Exhibit made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

**Exhibit C. Arizona EMT-P Course and Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies**

**A. PSYCHOMOTOR SKILLS**

1. **The student shall demonstrate the ability to safely administer agents:** The student shall safely, and while performing all steps of each procedure, properly administer agents at least 10 times to live patients.
2. **The student shall demonstrate the ability to safely perform endotracheal intubation:** The student shall safely, and while performing all steps of each procedure, successfully intubate at least one live patient or cadaver.
3. **The student shall demonstrate the ability to safely gain venous access in all age group patients:** The student shall safely, and while performing all steps of each procedure, successfully access the venous circulation at least 17 times on live patients of various age groups.
4. **The student shall demonstrate the ability to effectively ventilate unintubated patients of all age groups:** The student shall effectively, and while performing all steps of each procedure, ventilate at least 12 unintubated live patients.

**B. AGES**

1. **The student shall demonstrate the ability to perform a comprehensive assessment on pediatric patients:** The student shall perform a comprehensive patient assessment on at least 20 pediatric patients, including newborns, infants, toddlers, and school-age.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on adult patients:** The student shall perform a comprehensive patient assessment on at least 20 adult patients of various age groups, including young, middle, and older patients.

**C. PATHOLOGIES**

1. **The student shall demonstrate the ability to perform a comprehensive assessment on obstetric patients:** The student shall perform a comprehensive patient assessment on at least 5 obstetric patients.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on trauma patients:** The student shall perform a comprehensive patient assessment on at least 20 trauma patients.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on behavioral patients:** The student shall perform a comprehensive patient assessment on at least 10 behavioral patients.

**D. CHIEF COMPLAINTS**

1. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with chest pain:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 20 patients with chest pain.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with dyspnea/respiratory distress:**
   a. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 adult patients with dyspnea or respiratory distress; and
   b. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 5 pediatric patients, including infants, toddlers, and school-age, with dyspnea or respiratory distress.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with abdominal complaints:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with abdominal complaints such as abdominal pain, nausea or vomiting, gastrointestinal bleeding, and gynecological complaints.
4. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with altered mental status:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with altered mental status.

**E. TEAM LEADER SKILLS**

**The student shall demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations:** The student shall serve as the team leader for at least 25 prehospital emergency responses.

**Historical Note**
New Exhibit made by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3).